

# REQUEST FOR QUOTATION

QUOTE DUE DATE 4/13/2006

TO: \_\_\_\_\_

(Please enter your company name above)

ATTN Quote Desk

**THIS IS A QUOTE, NOT AN ORDER  
PLEASE QUOTE PROMPTLY**

City may accept the quote which is the most advantageous to the City which may not necessarily be the lowest quote. The City has the right to accept all or part of this quote.

## CITY OF SAN JOSE FINANCE/PURCHASING

200 EAST SANTA CLARA ST. , SAN JOSE, CALIFORNIA, 95113-1905 FAX: (408) 292-6480

DATE: 4/5/2006

REPLY TO: Daryl Gerstenberger (408) 535-7057

QUOTE#: 00240

**VENDOR: YOU MUST COMPLETE THIS INFORMATION IN ORDER FOR YOUR QUOTE TO BE ACCEPTED.**

|   |  |   |  |
|---|--|---|--|
| <b>1. Business Name</b>   |  |   |  |
| <b>Business Address</b>   |  | Street: _____ City: _____   |  |
|   |  | ZIP: _____ County: _____ State: _____   |  |
| <b>Remittance Address</b>   |  | Street: _____ City: _____   |  |
|   |  | ZIP: _____ County: _____ State: _____   |  |
| <b>Telephone No.</b>  |  | FAX No.: _____ E-mail Address: _____  |  |
| <b>Type of Business</b>   |  | <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation - Name State of Incorporation: _____       |  |
|   |  | <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Other (explain): _____ |  |
| <b>2. We agree to ship within</b> _____ <b>days, from:</b> _____ <b>, via:</b> _____  |  |   |  |
| <b>3. F.O.B Point: DESTINATION*</b> If Bidder changes to F.O.B. Shipping Point, Bidder Must provide freight charges: \$ _____             |  |   |  |
| <b>4. Terms: N/30 or</b> _____ <b>% N/20.</b> This is the minimum acceptable discount period the City will consider.                      |  |   |  |
| <b>5. Are you incorporated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Please provide completed W-9 Form.: _____ |  |   |  |
| <b>6. City of San Jose Business Tax Certificate #</b> _____ <b>CA Contractor's License (If applicable):</b> _____                         |  |   |  |

|   |                              |                              |   |                              |                              |                               |
|---|------------------------------|------------------------------|---|------------------------------|------------------------------|-------------------------------|
| <b>Environmental Friendly Product? (Optional)</b> |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/>               | <b>Recyclable?</b>           | Yes <input type="checkbox"/> | No <input type="checkbox"/>   |
| <b>Mercury content?</b>                           | Yes <input type="checkbox"/> | No <input type="checkbox"/>  | <b>Less toxic alternatives available?</b> | Yes <input type="checkbox"/> | No <input type="checkbox"/>  | <b>If Yes, explain:</b> _____ |

|   |  |
|---|--|
| <b>Local Preference (Optional)</b> - Based upon the information supplied below, I hereby certify that my firm qualifies as: |  |
| <input type="checkbox"/>  | LOCAL BUSINESS ENTERPRISE - (LBE) - The business has the following: 1) an office with at least one employee located in Santa Clara County, California, and 2) a current San Jose Business Tax Certificate.   |
| <input type="checkbox"/>  | SMALL BUSINESS ENTERPRISE - (SBE) - The business must qualify as an LBE and have 35 or fewer employees (This number is for the ENTIRE business - NOT just local employees). State number of employees: _____ |

|   |  |  |   |
|---|--|--|---|
| The following determinations have been made with respect to this procurement: (for official use only) |  |  |   |
| <b>Type of Preference</b>   | <input checked="" type="checkbox"/> Price is Determinitive     | <input type="checkbox"/> Price is Not Determinitive            | <input type="checkbox"/> LBE/SBE Not Applicable |
| <b>Amount of Preference</b>   | LBE preference = 2.5% of Cost<br>SBE preference = 2.5% of Cost | LBE preference = 5% of Points<br>SBE preference = 5% of Points |   |

**QUOTE#: 00240**

**200 EAST SANTA CLARA ST., SAN JOSE, CALIFORNIA, 95113-1905 FAX: (408) 292-6480**

Signature: \_\_\_\_\_ Print or type name: \_\_\_\_\_

